MARYLAND STATE DEPARTMENT OF HEALTH

12312

12375

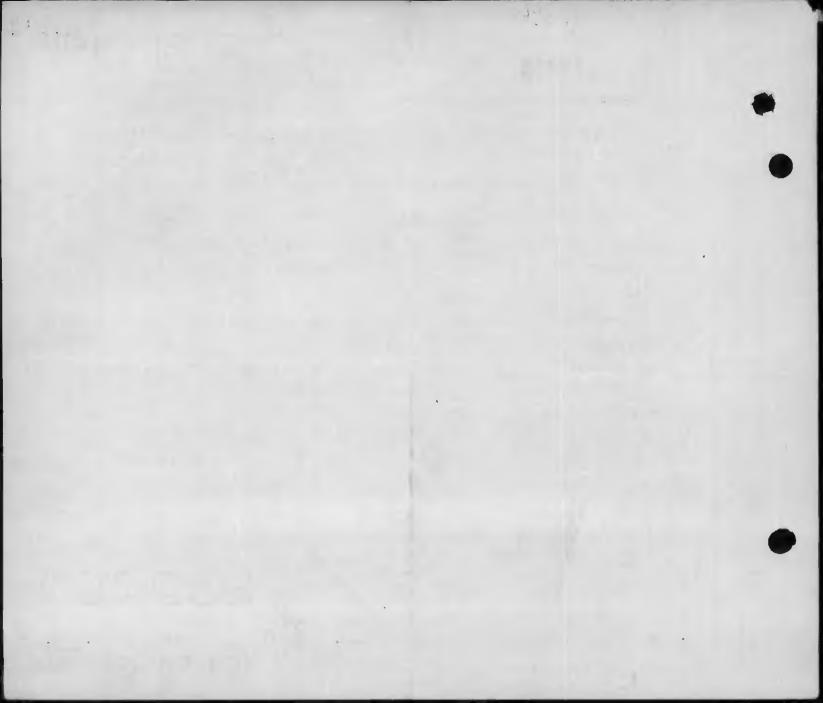
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE Que GOUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) of information carefully death clearly and legibly. LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (In this place) TOWN of the HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED Breine dia 00 2 2 26 155 (Type or Print) DEATH 7. GINGLE, MARRIED. WIDOWED, DIVORGED, 9. AGE last birthday | If under | year | If under 24 hrs | Months | Days | Hours | Min. OR OR RACE 8. DATE OF BIRTH Janala may 21-1868 (Specify) 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign, country) 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY! 4.85 INDUSTRY want Island item es of d every ite 13. FATHER'S NAME MOTHER'S HOLDEN NAME James 17. INFORMANT AND ADDRESS. 16. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Supply ev (Yes, no, or unknown) | (If yes, give war or dates of moro adale on service) L-a 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ardiac asthina IK. 50 4 Immediate cause Z NFADING 1 Physicians: Antecedent cause(s) Diseases or ennditions, if any, (b)... giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not D : related to the disease or condition causing death. WITH (important 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes | No E 21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING OR CAUSE OF DEATH. office bldg., etc.) PLAINLY, s especially i TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work [22. I certify that I took charge of the remains described above, held an Autopsy , Inspection + Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural couses , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED 1 SE 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 12/29/55 Burial Parkwood Com Battimore Co. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR REG.

BINDING

FOR

MARGIN RESERVED



| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH | No. 25 |
|---------|------------|-------------|----|-------|--------|
| | | | | | |

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY dugge and STATE MIN MARYLAND carefully. LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) Jallo, City md TOWN HOSPITAL OR STREET (If rurall give location) INSTITUTION OR ADDRESS acel amo STREET ADDRESS of information of death clearly 8. NAME OF (Middle) (Last) (First) 4. DATE (Day) DECEASED: Na (Type or Print) DEATH 6. COLOR OR 7. SINOLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX: WIDOWED, DIVORCED. Months! Days Hours male may 24-1898 (Specify); 10b. KIND OF BUSINESS OR INDUSTRY: 10a, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, IND even if retired): Petro d Poliseum COUNTRY? 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of mow Educat Burk-2217 service) Supply 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH usin wet augus Pecter 11001 Immediate cause UNFADING Physicians: Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No 21a, EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bldg., etc., 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while INJURY at work work | 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [A- Inquiry []— and find that death resulted from: Natural causes [Accident], Suicide], Homicide], Undetermined cause [WRIT ge is CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 24. BURIAL CREMATION NAME OF CEMETERY OR GREMATORY LOCATION (City, town/ or county) DATE THEREOF REMOVAL (Specify) : ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

W

MARGIN

DEC 30 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12327

2411 N. Charles Street, Baltimore

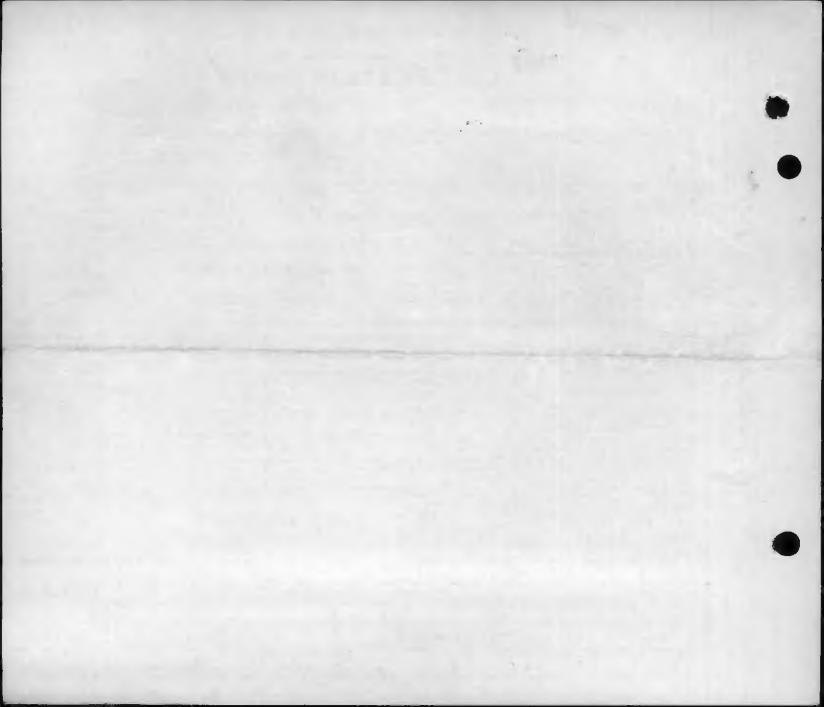
CERTIFICATE OF DEATH

Reg. Dist. No.

| | · · · · · · · · · · · · · · · · · · · | |
|--|--|-------------------------|
| 1. PLACE OF DEATH COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED- | |
| Aveen Annes MARYLAND | 14.1 A . | Q. A. |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) | CITY (If outside corporate limits, write RURAL and giv | e nearest town) |
| TOWN give nearest town) (in this place) | TOWN CASSIET | X |
| HOSPITAL OR DI STREET ADDRESS | STREET (If rural, give location) | 1 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) RIGHARD | DUNN DEATH Dec. | 6 1955 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5.136 (C.) | 1'8. DATE OF BIRTH 9. AGE last hirthday If under | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of worlding life, even if retired) INDUSTRY | 110 BIRTHPLACE (State,or foreign country) 12 | CITIZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Horace Dunn | Hester Wilson | ~ |
| 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, of unknown) { (If year, give war or dates of | 17. INFORMANT AND ADDRESS | |
| NO service) | | |
| 18. MEDICAL CE | RTIFICATION | INTERVAL BETWEEN |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 1 | ONSET AND DEATH |
| Immediate cause (a) Acute M | vocardial Interction | |
| Antecedent cause(s) | | 7 |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | 1 hron Dosis | e .1 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Arterioscleresic (V) Discor | Dev. Yrs. |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| n | | Yes No Dr |
| ZI, ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | | w the deceased |
| | 1 30 | |
| alive on, 19, and that death occurred at SIGNATURE (Degree or title) | ADDRESS | ated above. DATE SIGNED |
| SIGNATURE) 7400 M.D. | Quenoton ml | 12/6/55 |
| 23. BURIAL, COLUMNION DATE RUMOVAL (Spacey) 12 8 51 COLUMNION 12 8 51 | RY OR CREMATORY LOCATION (City, town, or count | y) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. | 2 JUNERAL DURECTOR | ADDRESS |
| 12-7-11 4h Here | Menny 1-1 Stemmy 1 | |
| · V am- | POI MA A OUR A | Ho. ~ |
| 4 | and include the | The wall |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. BUIDING MARGIN RESERVED FOR

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12328 CERTIFICATE OF DEATH

12315

Reg. Dist. No. 213

| 1. PLACE OF DEATH | | | 2. USUAL RESIDEN | CE (HOME) OF D | ECEASED | | | |
|--|---|-----------------|---|-----------------------------|--------------|----------------|------------------------------|--|
| COUNTY Queen Anne | MARYL | AND | STATE Maryl | and county | Queen | Ann | е | |
| CITY (If outside corporate limits, write RURAL OR and give nearest fown) TOWN Stevensville | | | STATE Maryland county Queen Anne CITY (If outside corporate Himits, write RURAL end give nearest town) OR TOWN Stevensville | | | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | STREET ADDRESS | | ya location) | | 1 | |
| 3. NAME OF (First) | (Middle) | | (Lasi) | 4. DATE (Mo | nth) | (Day) | (Yeer) | |
| (Type or Print) Charles | Owen | | Ford | DEATH D | ec. | 8 | 19 55 | |
| RACE ! | SINGLE, MARRIED, WIDOWED, DIVORCED, (SpecifyDivorced) | 8. DATE O | 28-1 9 91 | 9. AGE last birthday 64 ym. | IF UNDER 1 | | UNDER 24 HRS Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if refired) Waterman | 106, KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or forei | gn country) | 12. | COUNTRY | | |
| 13. FATHER'S NAME | 1 | | 14. MOTHER'S MAIDEN | NAME | | | | |
| Charles A | Ford | | Agnes | Ruth | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FOI [Yas, no, or unk.] (If Yas, give wer or detes of | | JRITY NO. | 17. INFORMANT & | | Steve | novi | | |
| La contractiva de la contractiva della contracti | 18. MED | DICAL CEN | TIFICATION | V. 1014 | 000 40 | INTERV | AL BETWEEN | |
| DISEASES OR CONDITIONS DIRECTLY LEADING MANAGEMENT CAUSE (A) | | hie- d | cell careina | ment leit | | a bou | | |
| ANTECEDENT CAUSE(S) | | | | | | 2 | glan | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | | | ss in both killary node | No. | | 6 | ntha | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | TING | | | | | | | |
| 196. DATE OF OPERATION 196, MAL | IOR FINDINGS OF OPERATION | | 1.55. | | | 20. / YES X | AUTOPSY? | |
| 216. ACCIDENT WAS UNDERLYING 216. OF CONTRIBUTING CAUSE OF DEATH OF ITERER, NOTIFY MEDICAL EXAMINER) | PLACE (Home, Term, Tectory INJURY street, office bldg., etc. | , 2 | ic. WHERE DID INJURY OCCU | R? (Cîly or lown) | (County | | (Stele) | |
| | | RRED while work | 21f, HOW DID INJURY OCCU | R? | | | | |
| 22. I hereby certify that I attended alive on 19.5. | d the deceased from | occurred at | 5.39 M, from the | causes and on the | date stated | above. | te signer | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIEY) BURIAL Dec | | enevil | | Stevens | | Ma. | (State) | |
| 24. REC'D 8Y REGISTRAR DATE Dec 11. 13- REGISTRAR | 'S SIGNATURE alette Hope | ter | 25. FUNERAL DIRECTOR'S Edgar L. La | | | DDRESS | Id. | |

AT JERMIN STATE DEPARTMENT OF HIMSELTS SALTIMENT, IS

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BUREAU V. S.

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1655 15 1955 1

BECEDAED

INSTRUCTIONS

CERTIFICATE OF DEATH 12329

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|--|--|
| COUNTY QUE CAMPAGE MARYLAND | STATE Pennsylvanicounty Weshington |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give neerest town) |
| OR onth give necrest town) (in this place) | OR () |
| TOWN Renal Cratewille 1 nevert | TOWN Washington 7 |
| HOSPITAL OR | STREET . (If rurel give location) |
| INSTITUTION OR YOUNGET ADDRESS | ADDRESS |
| | 1 Lit have like |
| 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Dey) (Yeer) |
| (Type or Print) Harriet Lucretie | DEATH /2 22 10 55 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE/O | |
| Yemale Calcul (Specify) judgmed 1444 | 4/744/1911/11 82 yrs, Months Days Hours Min. |
| done during most of working life, even # OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| raticad) II. | COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 111 5 0 -1 | Mary Care News |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | |
| (Yes, no, or unk.) (If Yes, give wer or dates of service) | 17. INFORMANT & ADDRESS |
| 21020 | William (Villen Willen Willen) |
| 18, MEDICAL CER | TIFICATION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| Hold IMMEDIATE CAUSE (A) Correlie | For Edite Girek. |
| | |
| ANTECEDENT CAUSE(S) DUE TO | Our Treat ar clear |
| DISEASES OR CONDITIONS, IF ANY, (B) | ON DUNDIJU SALES |
| STATING UNDERLYING CAUSE LAST, DUE TO | |
| (c) UO-for Cog | separate ferrator to sight a regarder |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 0 | YES NO E |
| 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, | tic. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | family (main) |
| | 21f. HOW DID INJURY OCCUR? |
| While Not while | IN HOUSE DID WOOM OCCUR! |
| M. et work et work | |
| 22. I hereby certify that I atlended the deceased from | 19 5 to 19 78 that I last saw the deceased |
| alive on Tee 23 19 5 and that death occurred at | 10 2/M, from the causes and on the date stated above. |
| SIGNATURE | |
| 1000 | ADDRESS (Street, city, Joyn, state) DATE SIGNED |
| M.O. M.O. | and wille play 11-13-05 |
| 23. BURIAL, CREMATION, AEMOVAL (SPECIFY) AEMOVAL (SPECIFY) | GREMATORY LOCATION (City, town, or county) (State) |
| 10027 11 111 - | to a the lile but of |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | in country washingun |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25 SUNEART DIRECTOR'S SIGNATURE ADDRESS |
| DATE 12-24-55 Cotace Cemelibera | Bloaton Ben (When Oh) wo |
| | The state of the s |

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BUREAU V. S.

paire harper wohingto Contra Workington 10-

MARGIN RESERVED FOR BINDING

12567

12330

2411 N. Charies Street, Baitimere

CERTIFICATE OF DEATH

Reg. Dist. No. 251

| 1. PLACE OF DEATH. | 2. USITAL RESIDENCE (HOME) OF DECEASED. | - 0 / |
|--|--|-------------------------------------|
| COUNTY Queen Anne's MARYLAND | STATE Md. COUNT | CY Q, H, |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and g | ive nearest town) |
| TOWN Runal - Centreville gin this place) | TOWN (extreville - | Runal : |
| HOSPITAL OR | STREET (If rural, give location) | , |
| INSTITUTION OR STREET ADDRESS | ADDRESS | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| DECEASED (Type or Print) | Lane DEATH Dec. | 27 19 57 |
| 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. | 8. DATE OF BIRTH 9. AGE last birthday If under | r I year ili under 24 hrs. |
| WIDOWED, DIVORCED, (Specify) W. P. G. G. | 8-29= 1868 87 yrs. Months | Days Hours Min. |
| 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR | | 2. CITIZEN OF WHAT |
| done during most of working life, evon if retired) INDUSTRY | maryland | COUNTRY! USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Mennaid Willes | 1 station Kuly | in . |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17 INFORMANT AND ADDRESS | 16 |
| (Yes, no, or unknown) (If yes, give war or dates of | Ker. Jane = Devenantle | tino. |
| 18. MEDICAL CE | RTIFICATION | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| 11 142 X A | | CHOOL MILE DIMEN |
| Immediate cause (a) Lere bral /Trter | posclerosis of Thrombosas | DOV. MAD. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | rteroseleration (-1 Discoss | 155 |
| 11. OTHER SIGNIFICANT CONDITIONS | | 1 |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSYT |
| | | Yes No 🕒 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY | |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY | 4 1 | |
| TIME (Month) (Day) (Year) (Hour) [INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF While at Not While INJURY m. Work At work | | |
| 4/. | | |
| 22. I hereby certify that I attended the deceased from MAV | 2, 19\$2, to | saw the deceased |
| alive on lee /6, 19.55, and that death occurred at | 6 P m from the causes and on the date . | tated above |
| SIGNATURE; (Degree or title) | ADDRESS | DATE SIGNED |
| G 1011 | n 5 - m1 | 12/201 =- |
| Jun J. XIV | Williams & Jan | 1-1/03 |
| 27 BURIAL CREMATION DATE THEREOF NAME OF CEMETE | RY OR CREMATORY LOCATION (City, town, or cou | nty) (State) |
| Mec. 3/ Leveller | all pulleville | rra. |
| | | |
| DATE REC'D BY LOCAL ROLLTRAR'S SIGNATURE | 2 UNERAL DISECTOR | ADDRESS |

VS. A15

DEALES IN S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12331 CERTIFICATE OF DEATH

| - 1 | 2 | 5 | 4 | 0 | |
|-----|---|---|---|---|--|
| J. | C | J | U | 0 | |

| Item 2, F | FilmG191 | 1-13-56 et | | | | | | teg. Dist. | No | 25/ |
|--------------------------------------|---|---------------------------------------|--|-----------|------------------|------------------|----------------------|----------------|-----------|-----------------|
| 1. PLACE OF | POEATH | 1 1 1.1 | - | | 2. USUAL RI | EBIDENCE | (HOME) OF | ECEASED | | 10 |
| COUNTY | QUEE, | N HNN, | E MARYLAN | ID GI | STATE | MID | COUNTY | 0111 | FFA | / HNNI |
| | side corporate timits, | write RURAL | LENGTH OF S | TAY | CITY (N outs | side corporate l | imits, write RURAL | end give near | est town) | |
| X TOWN | SUDLE | RSVIL | 14= | " | TOWN | Churc | h Hill | | | X |
| HOSPITAL OF | | . A | 1 . 1 | 1/ | STREET | | (if rural g | ive location) | | 1 |
| STREET ADDR | | RETT IV | URSINET | TUMIA | VARKER | | | | | 1 |
| 3. NAME OF DECEASE | D (Firs | 1 0 1 | (Middle) | [1 | est) / | | 4. DATE (Me | inth) | (Day) | (Year) |
| [Type or Print] | | ARY | 1-, | LU | KENS | | DEATH | DEC, | 30 | 1955 |
| S. SEX | 6. COLOR OR | 7. SINGLE MA | RRIED, DIVORCED. | DATE OF E | IRTH | 9. / | GE lest birthday | IF UNDER | | F UNDER 24 HRS. |
| 1 | W | (Specify) | 1/ | MAY11: | = 18/10 | | 85 yrs. | Months | Days | Hours Min. |
| | UPATION (Give kind most of working life | | KIND OF BUSINESS OR INDUSTRY | 11. | BIRTHPLACE (Ste | te or foreign co | untry) | 12. | COUNTR | OF WHAT |
| retired) | 110 | USEWI | FE | | DEL | AWA | RE | | COOM | 115A |
| 13. FATHER'S NA | ME | 0 | 11 10 10 | | 14. MOTHER'S | MAIDEN NAMI | 1 116 | | | 1 |
| WI | LLIAM | Y C | HANCI | E | BE | FT57 | Wo | ODI | LE | 7 |
| 15. WAS DECEAS (Yes, no, or unk.) | SED EVER IN U. S. | ARMED FORCES? or dates of service) | 16. SOCIAL SECURIT | IY NO. | 17. INFORM | ANT & ADDR | SS A 4 | | 10 | HIPPH |
| (Tes, no, or dik., | (ii ses, give was | or dates of service) | | | IMIRS. | CHES | TERMA | ISSE/ | -0 | TURCIT |
| I DISEASES OR | CONDITIONS DIREC | TLY LEADING TO DEAT | H 18. MEDIC | AL CERTI | FICATION | | | | INTERV | AL BETWEEN |
| 11221 | MEDIATE CAUSE | (A) | Duch. | 0 1X | | lina. | | | Olygei | AND DEATH |
| | ECEDENT CAUSE(S) | DUE TO | Carressee | | Meer | unde | | | | |
| DISEASES OR CO | ONDITIONS, IF AN | Y, (B) | arley | 150 | Elin | pa | | | | |
| | THE ABOVE CAU LYING CAUSE LAS | T. DUE TO | 00 | ' " | 7 | _ / | 7 | | | |
| 11 OTHER SIGNIFIC | CANT CONDITIONS | (C) CONTRIBUTING | Curus | uc_ | Myor | · culf- | lis | | | |
| | BUT NOT RELATED | | Pu | 10.1 | | | | | | |
| 19. DATE OF OP | | 19b. MAJOR FINDING | GS OF OPERATION | 7 | | | | | 20. | AUTOPSY? |
| 0 7 | 1) | | | | | | | | YES | NON |
| OR CONTRIBUTING | VAS UNDERLYING CAUSE OF DEA MEDICAL EXAMINE | TH SFINJURY STORE | ome, term, fectory, of, office bldg., etc.) | 21c. | WHERE DID INJUR | LY OCCUR? (6 | City or lown) | (Count | у) | (State) |
| 21d. TIME OF INJ | URY (Month) (Da | | 1s. INJURY OCCURRI | | HOW DID INJUR | Y OCCUR? | | | | |
| | | | work at wor | | | to A | | | | |
| 22. I hereby | certify that | I attended the de- | ceased from. 744 | 120 | ., 19.5.5, to | TIRA | 30., 19.6.5 | , that I | last saw | the deceased |
| alive on | | ., 19.3.0 a | nd that death oc | curred at | 2.A.M. from | | | | | |
| SIGNATE | IRE DI | Y// teas | African | | PA | ADDRES | S (Street, clbc, for | wn, sigte) | / D/ | ATE SIGNED |
| 23. BURIAL CRE | MATION | DATE CHEREOF | NAME OF CEA | M.D. | rucky | LINY | rele | Lel | 1/1 | 156 |
| REMOVAL (S | PECIFY) | JANZ | - Lord | ~ BAL | D D | 1 | ALL MA | vn, or coughy) | 1 | (State) |
| 24. REC'D BY RE | GISTRAR | REGISTRAR'S SIGNATU | IRE A | 1011 | 25. FUNERAL DIRI | ECTOR'S SIGN | ATURE | 101 | DDRESS | 271 |
| DATE /- | -/ | Colgar | in. de | and | EDCAR | o Lil | AIVE | CHI | 1RCA | 4/1/21 |
| | | V | | 1, | | | | ^ | 10 | |

PERSONAL PROPERTY OF DEATH

photography at the state of Circles / Hugenberge Some Tellis Confester Lound

S A DVERNO N. Z

DECENDED

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 254

| 1. PLACE OF DEAT | 170 | | H 2 HIGHAT DESIDENCE | (HOME) OF DECEASED. | |
|-------------------------|---|--|-----------------------|---|---------------------------|
| COUNTY | 4 | - | STATE | COUN | TY A A |
| GL_ | veen thre | S MARYLAND | 1760 | (. | GL. M. |
| CITY (If outside c | orporate limits, write RUR | Land LENGTH OF STAY | OR OR | rate limits, write RURAL and | give nearest town) |
| OR give nearest | Grasonvi 1/5 | 61 11501 | | Grasonvilla | _ × |
| HOSPITAL OR | | 7 | STREET | (If rural, give location) | , |
| INSTITUTION OF | R | | ADDRESS | | 1 |
| | | (2((2))) | 7 | I DAME OF AN | (7) |
| J. NAME OF DECEASED | (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) | Katie | Tarks | hisley | DEATH Vec. | 7 195 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH | 9. AGE last birthday If und | er I year If under 24 hrs |
| | W | (Specify) #M | Hug 30,1894 | 6 / yrs. Month | ha. Days Hours Min. |
| 10a. USUAL OCCUP | ATION (Give kind of work | 10h. KIND OF BUSINESS OR | 11. BIRTHPLACE (State | | 12. CITIZEN OF WHAT |
| done during most of a | corking life, even if retired) | INDUSTRY | N | 2 / | COUNTRY? |
| Houses | witc. | | THE WORKERSON WATER | a. | 0.2.9, |
| 13. FATHER'S NAM | TE -> 1 | | 14. MOTHER'S MAIDE | N NAME | |
| | mas larl | 2.5 | /) a7 | herine Ih | omes. |
| 15. WAS DECRASED E | VER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | ADDRESS | 1 |
| (Yes, no, or unknown) | (If year, give war or dates aervice) | DI . | Fred Ruley | (husband) - Gr | 161-11/18 |
| | | | | | -JORY IV |
| | | 18. MEDICAL CE | ERTIFICATION | | INTERVAL BETWEEN |
| I. DISEASES OR CO | ONDITIONS DIRECTLY | LEADING TO DEATH | , | | ONSET AND DEATH |
| 11/6 | X | p1 . p - | T- 74 5 C | -70 | 7 |
| Immediaf | e cause (a) | Marie William | lower I Jan I | ale | - And Comment |
| | | 0 | | | |
| Anteceder | nt cause(s) | 01 . 01 . | y/ T | - | 2 |
| Diseases or | conditions, if any, (b) | Chiom Yeuns | In Head of | heren | i ans. |
| giving rise t | o the above cause | | | | |
| stating the | inderlying cause last | | | | |
| JI. OTHER SIGNIF | CANT CONDITIONS | The state of the s | | | |
| Conditions contrib | uting to the death but not use or condition causing deat | h | | | |
| | | FINDINGS OF OPERATION | | | 1 20. AUTOPSY1 |
| ISE DATE OF OLD | The second of | 11111111111111111111111111111111111111 | | | 20. AUTOFSTI |
| 1.00 | | | | | Yea No 🗆 |
| 21. ACCIDENT SUICIDE | (Specify) PLA | CE (Home, farm, factory, street, office bldg., etc.) | (CITY OR | TOWN) (COUNT | Y) (STATE) |
| HOMICIDE | ได้ม | | | | |
| | (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OF | CCURI | |
| OF INJURY | m. | While at Not While Work At work | | | |
| INJUNI | A.1.6 | | | | |
| 22 I hereby cert | ify that I attended th | e deceased from | 1951 to De | L 19 55 that I lest | same the decorated |
| az. I hereby cer | | a document in the same of the | / / | many average state a large | saw the deceased |
| alive onD | es 0 1955 ar | d that death occurred at | G. H. m. from the | e causes and on the date | stated above |
| SIGNATURE | | (Degree or title) | ADDRESS | | DATE SIGNED |
| (7 | · 1 9/ | (A 10) | ^ | /hm 4 | 12/01 - |
| 7-1 | vm // XX | W 111.1. | GLUCERST | oun, Md. | 77/57 |
| 23. BURIAL, CREM | ATION DATE | NAMEOF CEMETE | RY OR CREMATORY | LOCATION (City, town, or con | unty) (State) |
| REMOVAL (Spec | 10 0 1 10 -11 | -1900 de 1000 | sulla | Hair and Or | 4/1 |
| DATE TRUE BY | LOCAL REGISTRAR'S | SIGNATURE | 24. PHINDRAL DIRECT | OR COLUMN TO THE OWNER OF THE OWNER | ADDRESS |
| REGOT 1 | 16 1/ 1. | malled !! | | 1 00: | DADDINESS . |
| 10/10/ | 33 Necen | 11. MERICAL | John 18 | AUTHORIUS G | Tilled Heed |
| 11 | | 1 | 1 | | 1 00 |
| | | | ALC: | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

DEC 14 1982

BUREAU V. S.